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## Application Number **CHANGE OF** CORRESPONDENCE ADDRESS Filing Date Application First Named Inventor Art Unit Address to: Commissioner for Patents **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR Firm or 図 Neil D. Gershan Individual Name Rex Medical Address 1011 High Ridge Rd City State Country Telephone 329-8750 329-8187 *\_0*3) This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124), I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 32,225Registered practitioner named in the application transmittel letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed Gershon Name 12004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or forms if more than one signature is required, see below".

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